

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/22/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SKILL CREATIONS OF KENANSVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 SOUTH STOKES STREET KENANSVILLE, NC 28349</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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W 249	<p><b>PROGRAM IMPLEMENTATION</b> CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and staff interviews, the facility failed to ensure each client received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of safety protocol and privacy during toileting. This affected 2 of 5 audit clients (#3 and #6). The findings are:</p> <p>A. During observations in the home during the survey on 6/21/21-6/22/21, client #6 was seated in a high back wheelchair, with a molded seat. The back of the wheelchair did not have anti-tippers installed, to prevent the wheelchair from flipping backwards. Client #6 was observed on 6/21/21 at noon to sit in the wheelchair sideways, with his legs dangling over the armrest. On 6/21/21 at 5:45 PM, client #6 was observed to sit on his knees while seated in the wheelchair and to bounce up and down, causing the chair to move forward. Client #3 also demonstrated that he was able to propel the wheelchair, by turning the wheels.</p> <p>Review of a Physical Therapy Services: Letter of</p>	W 249	<p>W249 All clients will be supplied with adaptive equipment that includes all modifications that have been recommended by the Physical Therapist and the Interdisciplinary Team. Client #6 will have anti-tippers installed on his temporary wheelchair, to provide safety.</p> <p>A core team meeting will be held to address the implementation of client #3's privacy goals and toileting objectives in all settings, including the day program. The team will address the implementation of self-care goals in all settings, including the day program for all clients.</p> <p>All staff will receive training in: 1- Integration of Training objectives in all settings 2- All clients' adaptive equipment 3- Client #6's use of anti-tippers on his wheelchair 3- Client #3's privacy and toileting objectives 4- All clients' privacy and toileting objectives</p> <p>The Director or PC will monitor adaptive equipment, privacy and toileting objectives twice weekly. The Regional QP will monitor adaptive equipment, privacy and toileting objectives twice monthly. The Executive Director (Corporate Office) will monitor adaptive equipment, privacy and toileting objectives once monthly.</p> <p>Adaptive Equipment will be monitored to assure that all recommendations are in place, utilized, and all equipment is in safe and working order.</p> <p>All monitoring will be documented.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Seslie Ruyton</i>	TITLE <b>Chief Operations Officer- Eastern Region</b>	(X6) DATE <b>7/1/2021</b>
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/29/2021  
FORM APPROVED  
OMB NO. 0938-0391

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W 249	<p>Continued From page 1</p> <p>Medical Necessity for new wheelchair on 1/16/20 (SIC) described client #6 in needing a new wheelchair that would hold up to his destructive behaviors and that he had already damaged 2 wheelchairs since his admission on 3/11/20. The recommendation was to install anti-tippers on his wheelchair for safety.</p> <p>An interview on 6/22/21 with the Director revealed that client #6 had not flipped over his wheelchair since early in his admission. He was mainly seen backing into objects and rocking the side panels of the wheelchair, that supports the armrests. These actions have destroyed three of his wheelchairs. The facility ordered client #6 a youth wheelchair which he received in April 2021 but he damaged it beyond repair. The facility had an extra wheelchair that he been purchased for client #13 and started to use if for client #6 in June, 2021, while awaiting for his recommended chair to be approved by his insurance. Because the chair was a loaner and he had not flipped his chair in over a year, the anti-tippers were not installed.</p> <p>An interview on 6/22/21 with the Regional Director (RD) revealed that client #6 was only successful flipping over his wheelchair, but using his feet to push off something. The current loaner wheelchair was much heavier then chairs previously used and higher, so that client #6's feet do not touch the ground. The RD did acknowledge that the anti-tippers were not placed on the loaner wheelchair, even though recommended by the physical therapist.</p> <p>B. During observations at the day program on 6/21/21 at 2:00 PM, Staff B instructed client #3 to wash his hands in preparation for snacks. Staff B</p>	W 249		
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W 249	<p>Continued From page 2</p> <p>then went into a bathroom with another unknown client to assist. Client #3 walked into an empty bathroom, sat on the toilet and used the bathroom. Client #3 did not close the door to ensure privacy. Staff B did not notice client #3 until he was walking out of the bathroom.</p> <p>Review of client #3's IPP dated on 11/2/20 read that "[Client #3] can toilet himself but has to be monitored due to PICA. He does occasionally need reminders to close door. [Client #3] is currently training on goal 192-T (Independently close the bathroom door at the day program for 5 consecutive sessions) to increase his privacy skills.</p> <p>An interview on 6/22/21 with the Director revealed that the Client #3's CORE team met on 11/16/20 and the team decided to implement the privacy training goals at the facility only, since the day program had been suspended during the pandemic. The Director shared that the day program opened a week ago and the privacy goal should have been revised on the IPP so that Client #3 could resume his training goal.</p> <p>An interview on 6/22/21 with the Regional Director revealed that Client #3 required verbal prompts to close the door during toileting and staff should have followed behind him when asking him to go to the bathroom. Client #3 still needed the training in both environments for privacy training.</p>	W 249		
W 369	<p>DRUG ADMINISTRATION</p> <p>CFR(s): 483.460(k)(2)</p> <p>The system for drug administration must assure that all drugs, including those that are</p>	W 369		

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W 369	<p>Continued From page 3 self-administered, are administered without error.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and staff interviews, the facility failed to administer medication for 1 of 5 audit clients (#5) without medication error. The finding is:</p> <p>During noon observations in the home on 6/21/21, client #5 had finished lunch that was served to him at 11:30 AM. The licensed practical nurse, LPN, brought Client #5 to the medication room at 12:22 PM. The LPN was heard telling client #5, "Looks like you had a good lunch too", due to the spillage on his clothes. The LPN proceeded to give client #5 crushed Loperamide 2 mg (Immodium) in pudding to eat.</p> <p>Review on 6/22/21 of client #5' physician orders signed on 5/6/21 read, Loperamide 2 mg three times a day before meals. In addition, the instructions on the printed physician orders from the pharmacy, read to administer the medication at 11:00 AM.</p> <p>An interview on 6/22/21 with the LPN revealed that she believed the original order allowed for the Loperamide to be given with meals. She pulled an old order from 1/20/21 that demonstrated that the order was written for Loperamide 2 mg to be given twice a day. On 3/24/21, the physician discontinued the current order for Loperamide and increased it to 3 x a day, before meals.</p> <p>An interview on 6/22/21 with the Regional Director revealed that the LPN did not give the Loperamide at the right time or follow instructions.</p>	W 369	<p>W369 In the future client #5 and all clients will receive medication as ordered by the physician without error. All nurses and med monitors will receive training on nursing policy 206-1 –assuring that clients receive medication as prescribed without error.</p> <p>The Director will monitor medication administration once weekly. The RN will monitor medication administration twice monthly. All monitoring will be documented. Any concerns will be followed up on as needed.</p>	
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**Skill Creations, Inc.**  
Post Office Box 1664  
Goldsboro, North Carolina 27533-1664  
Telephone: (919)734-7398 Fax: (919)735-5064  
"Creating Life Skills For Those We Serve"



Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

July 1, 2021

RE: Recertification Completed June 22, 2021  
Skill Creations of Kenansville, 218 N. Stokes Street, Kenansville, NC 28349  
Provider Number 34G056  
MHL# 031-004

Please find enclosed the plan of correction for deficiencies received on 6-30-2021 for the annual recertification survey conducted on 6-22-2021 at Skill Creations of Kenansville. Please contact me should you have any questions or need additional information.  
Thank you,

Seslie Roughton  
Chief Operations Officer –Eastern Region  
Skill Creations, Inc.  
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252-908-1151

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